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Application Number 1:0787779 JAN 30, 2004

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I hereby revoke all previous powers of	attorney given	n in the	above-le	dentified ap	plication.		
A Power of Attorney is submitted herewith.							
OR							
i hereby appoint the practitioners as							
i hereby appoint the practitioners associated with the Customer Number:							
☑ Please change the correspondence address for the above-identified application to:							
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I am the:							
Applicant/inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)							
SIGNATURE of Applicant or Assignee of Record							
Signature 450							
Name Fred D. Tompkins							
Date Date	// Telephone						
865—974—1882  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:							

Filing Date

Art Unit

First Named inventor

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